



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOH Classification  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

# Brucellosis

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Recurring fever**  
Number of attacks: \_\_\_\_  
Days between attacks: \_\_\_\_

☐ ☐ ☐ ☐ **Sweats**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Fatigue**

☐ ☐ ☐ ☐ **Arthritis or arthralgia**

☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**

☐ ☐ ☐ ☐ **Weight loss with illness**

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Pregnant  
Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_  
OB name, address, phone: \_\_\_\_\_

☐ ☐ ☐ ☐ Miscarriage or stillbirth

☐ ☐ ☐ ☐ Neonatal

Delivery location: \_\_\_\_\_

☐ ☐ ☐ ☐ Postpartum mother ( 6 weeks)

P N I O NT

☐ ☐ ☐ ☐ ☐ **Brucella antibodies 160 without 4-fold rise (serum) [Probable case]**

☐ ☐ ☐ ☐ ☐ **Brucella culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Brucella immunofluorescence (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Brucella antibodies elevated but < 4-fold rise (serum pair)**

☐ ☐ ☐ ☐ ☐ **Brucella antibodies with 4-fold rise (serum pair 2 wks apart)**

☐ ☐ ☐ ☐ ☐ **Confirmed at state or federal public health lab**

## NOTES

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Endocarditis

☐ ☐ ☐ ☐ Osteomyelitis

☐ ☐ ☐ ☐ Orchitis

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

Exposure period

-60

-5

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_  
\_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ If infant, confirmed infection in birth mother
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)  
Animal birthing/placentas ☐ Y ☐ N ☐ DK ☐ NA  
Animal (specify): \_\_\_\_\_
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere  
Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA  
Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA  
Goat ☐ Y ☐ N ☐ DK ☐ NA  
Pigs or swine ☐ Y ☐ N ☐ DK ☐ NA  
Sheep ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Employed in laboratory
- ☐ ☐ ☐ ☐ Parenteral or mucous membrane *Brucella* vaccine exposure
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: \_\_\_\_\_

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Prophylaxis given prior to illness onset
- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency and location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Investigation of raw milk dairy
- ☐ Notify blood or tissue bank
- ☐ Follow-up/prophylaxis of laboratorians exposed to specimen
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_